Testimony Regarding
R.B. 1089: An Act Concerning Mental Health Services
Sharon D. Langer, M.Ed., J.D.
Public Health Committee
March 18, 2015

Senator Gerratana, Representative Ritter, and members of the Public Health Committee:

I am the Advocacy Director at Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families. I am also an appointed member and co-chair of the Behavioral Health Partnership Oversight Council, the legislatively created body that oversees the provision of mental health and substance abuse services to HUSKY members. I was also recently appointed to the Implementation Advisory Board that is tasked with implementing the recommendations of the Children's Behavioral Health Plan (P.A. 13-178). I am also a member of the Consumer Advisory Board that is currently advising the state regarding the implementation of the State Innovation Model grant to improve access, quality and reduce overall costs in the healthcare system.

I am testifying on behalf of Connecticut Voices for Children in support of many of the goals of R. B. 1089, An Act Concerning Mental Health Services, including the provision of mental health first aid training to public school personnel, as well as law enforcement and emergency medical services (Secs. 1 and 2). However, such training for teachers must also encompass prevention strategies that reduce the need for behavioral health crisis interventions, such as mental health first aid training.

We support increasing the number of mental health professionals by creating a loan forgiveness program (Sec. 4). While we also support the establishment of a behavioral health grant program to increase the number of social workers and psychologists available to work in schools (Sec. 6.), we have concerns about the two-year limit on the awards. How will the state and local school boards guarantee that these mental health professionals will continue to serve students in their assigned school districts, once the grant funding ends?

We support making the Department of Mental Health and Addiction Services emergency mobile crisis intervention services available through 2-1-1 Infoline but express concerns about whether the funding will actually be forthcoming, given the limiting language of the bill: "within available appropriations" (Sec. 7).

With regard to Sec. 8., and the provision of behavioral health consultation services for "young children up to age twenty-five", we have questions about how this fits into the recommendations of the Children's Behavioral Health plan. As mentioned in the testimony of the Keep the Promise Coalition (of which Connecticut Voices is a member), we recommend referring this proposal to the Implementation Advisory Board for consideration.

We support the goal of ensuring that patient privacy is protected at the same time that necessary health information is timely transmitted among health care providers to promote "continuity of health care services" through publication of annual notices. (Sec. 9) However, it is equally important to provide training to agency personnel and health professionals to ensure they understand the contents of such notices and apply such rules to advance the best interests on patients.

With regard to Sec. 14, we have questions about whether the goals and objectives of this provision are duplicative of the Behavioral Health Partnership and or other current initiatives, such as the federally financed State Innovation Model grant program. The Partnership provides mental health and substance abuse services to the entire Medicaid and HUSKY B (Children's Health Insurance Program) population. The current Administrative Services Organization (Value Options) under contract with the Departments of Social Services, Children and Families and Mental Health and Addiction Services is tasked with coordinating services, and reducing costs to the state. (See Gen. Stat., 17a-22h, *et seq*.). For example, the Partnership is to "(1) reduce hospital emergency department overcrowding; (2) Reduce unnecessary admissions and lengths of stay in hospitals and residential treatment settings; (3) Increase availability of outpatient services; and (4) Promote a community-based, recovery-oriented system of care." (Gen. Stat. 17a-22i)

We certainly support increasing Medicaid provider rates if such rates increase access to behavioral health services and supports. (Sec. 15) As you may be aware, the Behavioral Health Partnership Oversight Council has recently written to OPM Secretary Barnes, and just yesterday to the Appropriations Committee subcommittee on Human Services, to express the Council's concerns about the administration's withdrawal of funding for behavioral health services. We would welcome the Public Health Committee's support to restore and increase funding for behavioral health services in Medicaid. It appears that Sections 18 and 19 would restore some of the cuts.

Thank you for this opportunity to testify regarding R. B. 1089.

Please feel free to contact me if you have questions or need additional information. I can be reached by telephone at (203) 490-4240 (x121) or email at slanger@ctvoices.org.